

**Filing Fee \$50.00**

**FOREIGN  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**CERTIFICATE OF CORRECTION**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Partnership)

Pursuant to [31 MRSA §495-A](#), the undersigned, a limited partnership organized under the laws of the jurisdiction of \_\_\_\_\_, and authorized to do business in Maine, executes and delivers for filing this Certificate of Correction:

**FIRST:** On \_\_\_\_\_ the Secretary of State filed a document delivered for filing by the undersigned limited partnership  
(date)

entitled: \_\_\_\_\_  
(i.e. Application for Authority to do Business, Assumed Name, etc.)

**SECOND:** Said document is an inaccurate record of the action therein referred to, or was defectively or erroneously executed, sealed or acknowledged.

**THIRD:** The inaccuracy or defect to be corrected is described as follows:

**FOURTH:** The portion of the said document to be corrected is corrected to read in its entirety as follows:

**FIFTH:** Said document as so corrected is effective as of the date of original filing set forth in Article FIRST, except as to those persons who are substantially and adversely affected by the correction, and as to those persons the corrected document shall be effective from the date this certificate of correction is filed by the Secretary of State.

**DATED** \_\_\_\_\_

**General Partner(s)\***

\_\_\_\_\_  
(signature) (type or print name)

**For General Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

Note: If this document changes the Registered Agent and the new Registered Agent **does not** sign this form, then Form [MLPA-18 \(31 MRSA §494.2-A\)](#) must accompany this document.

The undersigned hereby accepts the appointment as registered agent for the above-named limited partnership.

**REGISTERED AGENT**

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature) (type or print name)

**For Registered Agent which is a Corporation**

Name of Corporation \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

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\*Certificate **MUST** be signed by:

(1) at least one **general partner OR**

(2) any duly **authorized** person

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**